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REMARKS

Claims 1-5, 7-9, 11-23, 26, 28 and 29 have been amended to more clearly define the invention.

Support for the amendments is found in the existing claims and in the Application description in connection with Figure 1 and 2 and other places.

I. Rejection under 35 U.S.C. 102(b)

Claims 1-30 are rejected under 35 U.S.C. 102(b) as being anticipated by U.S. Patent 4,858,121 – Barber et al. These claims, as amended, are deemed to be patentable for the reasons given below.

Amended claim 1 recites an "automatic cash accounting system for use in a hospital" including "a message processor for receiving message data including a first income amount total value, representing cash income received during a first time period, an associated first income source identifier identifying one of a plurality of departments internal to said hospital providing said associated first income amount total value; a data processor for automatically processing said received message data by, identifying an income account associated with said one of said departments based on said first income source identifier, and for updating said identified income account with said first income amount total value to indicate said first income amount total value received by said identified income account during said first time period, collating and combining data representing total values from a plurality of income accounts to provide a first income amount total value representing combined cash income total value for said departments during said first time period and creating a financial statement record using said combined cash income total value for said departments during said first time period". These features are not shown (or suggested) in Barber.

The system of amended claim 1 supports comprehensive hospital financial management by seamlessly and automatically providing a financial statement record of treatment related income (e.g., insurance company reimbursement payments) and non-treatment related cash income such as from "various department associated with a healthcare enterprise such as: a cafeteria, a garage, a shop, a pharmacy, a café or restaurant, a cashiers office, a clinical department, an outpatient department, an inpatient department, an imaging department, and a laboratory"

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(Application page 6 lines 27-31). Some 20 percent of hospital revenue is typically coming from these non-treatment sources and existing accounting systems fail to comprehensively and seamlessly account for revenue from both treatment related and non-treatment related sources. In one embodiment, "on a daily basis, the system 100 uploads the cash-posting file to the patient accounting system, posts the payments to the patients accounts, and uploads the general ledger accounting file to the healthcare provider's general ledger accounting system to post the journal entries". Thereby, "system 100 produces a secure and automated workflow process to account for the daily revenue activities that occur for a healthcare enterprise" (Application page 17 lines 11-17). The claimed system is a "Hospital Cash Accounting" system that automates the sorting, categorizing, reporting and journalizing of "lump sum" categories of hospital's revenue income that is used for cash forecasting and bank statement reconciliation.

In contrast, Barber describes a "Physician Medical Practice" billing and payment system that focuses on data related to medical billing and reimbursement of clinical services provided by physicians within a physician practice. The Barber system stores "charges", identifying Physician information, "patient" clinical, demographic and medical insurance information needed for medical outpatient physician billing purposes (Barber Column 3 lines 43-59). Barber in Column 8 lines 1-11 describes payments being recorded to "Physicians accounts" enabling production of an individual "physician's financial statement". However, Barber fails to show or suggest a system for providing a physician practice financial statement and certainly provides no suggestion of producing a "financial statement record" of a hospital which has far more complex income sources (e.g. from Real Estate, Pharmacies, Labs, garages, cafés, gift shops, MRI imaging centers etc.) and income processing procedures. Barber does not describe, or suggest a Hospital accounting and record/book keeping system as claimed. Indeed, Barber in Column 7 line 42 to 46 states that there is a credit card tape that is transmitted to the credit card company and enables a report to be made up for "bookkeeping purposes" indicating the Barber system does not include a bookkeeping and record keeping function for accounting purposes at all but relies on external entities for this information in contrast to the claimed system.

The system of claim 1 includes "a data processor for automatically processing" received "message data" by, "identifying an income account associated" with "a hospital department" based on a "first income source identifier", and for "updating" an "identified income account with said first income amount total value to

indicate said first income amount total value received by said identified income account during said first time period". Barber does NOT show or suggest "identifying an income account associated" with "a **hospital department**" and also fails to suggest "updating" an "identified" hospital department "income account" with a "first income amount **total** value to indicate said first income amount total value received by said identified income account during said first time period". Barber also does not suggest "collating and combining data representing **total** values from a plurality of income accounts to provide a first income amount total value representing combined cash income total value for said departments during said first time period and creating a **financial statement record** using said **combined cash** income total value for said **departments** during said first time period".

The Barber system captures and stores "charges", identifying Physician information, "patient" clinical, demographic and medical insurance information needed for medical outpatient physician billing purposes (Barber Column 3 lines 43-59). In contrast the claimed system captures and stores hospital income totals at a higher reporting level than the physician billing described in Barber. Barber does not show or suggest "collating and combining data representing **total** values from a plurality of income accounts to provide a first income amount total value representing combined cash income total value for said departments during said first time period and creating a **financial statement record** using said **combined cash** income total value for said **departments** during said first time period". Barber does not contemplate such a system or recognize the hospital specific problems such a system addresses. Further, hospital inpatient and outpatient-billing regulatory procedures and requirements are completely different from physician billing regulations and demand different accounting and reporting processes. Barber, in column 7 lines 23-29 is relied on in the Rejection (page 2) as showing an "accounting file" that stores patient statement data, patient payments or failure to pay. However, this portion of Barber is referring to an accounts receivable accounting file which is fundamentally different to the general ledger type accounting file and bookkeeping system that automatically submits a journal entry to record the accounting transaction as in the claimed system (and described in the Application on page 7 line 8 to page 8 line 2). Such a bookkeeping system is entirely absent from the Barber system. There is no recognition of the hospital specific problems involved in managing the financial operation of a modern complex hospital and no other reason or motivation in Barber for modifying the Barber system to incorporate the claimed features. Consequently, withdrawal of the rejection of amended claim 1 under 35 USC 102(b) is respectfully requested.

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Amended dependent claim 2 is considered to be patentable based on its dependence on claim 1. Claim 2 is also considered to be patentable because Barber does not show (or suggest) a system in which "said received message data identifies medical insurance reimbursement income amounts received for services rendered to multiple patients during said first time period and said data processor combines said reimbursement income amounts with said cash income total value for said departments during said first time period to provide a total amount". The Barber system captures and stores "charges" for medical outpatient physician billing purposes (Barber Column 3 lines 43-59) and does not contemplate or suggest processing hospital department revenue or combining "reimbursement income amounts with said cash income total value for said departments".

Amended dependent claim 3 is considered to be patentable based on its dependence on claim 1. Claim 3 is also considered to be patentable because Barber does not show (or suggest) the feature combination of claim 1 in which "said message data includes a medical insurance reimbursement income amount value for services rendered to a particular patient and an associated patient identifier, and said data processor, identifies an income account associated with said patient based on said patient identifier, and updates said identified patient income account to reflect said medical insurance reimbursement income amount value received and creates said financial statement record using said combined cash income total value and data derived from said patient income account". Barber does not suggest such a feature combination.

Amended dependent claim 4 is considered to be patentable for reasons given in connection with claim 1 and because of its dependence on claim 1. Claim 4 is also considered to be patentable because Barber does not show (or suggest) "said message data includes a medical insurance reimbursement income amount value for services rendered to a particular patient and an associated patient identifier, and said data processor, identifies an income account associated with said patient based on said patient identifier, and updates said identified patient income account to reflect said medical insurance reimbursement income amount value received and creates said financial statement record using said combined cash income total value and data derived from said patient income account". The Barber system captures and stores "charges" for medical outpatient physician billing purposes (Barber Column 3 lines 43-59) and does not contemplate or suggest processing hospital department revenue

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together with "**creating**" a "**financial statement record** using said **combined** cash income **total** value and data derived from said **patient income account**".

     Amended dependent claim 5 is considered to be patentable based on its dependence on claim 1. Claim 5 is also considered to be patentable because Barber does not show (or suggest) the feature combination of claim 1 in which "said received message data identifies a plurality of individual cash transactions performed during said first time period and associated with a hospital department, and said first income amount total value comprises a total transaction income amount value for said first time period". As previously explained, Barber does not contemplate or suggest processing hospital department revenue

     Dependent claim 6 is considered to be patentable based on its dependence on claims 1 and 5 and because of the additional limitation it comprises.

     Amended dependent claim 7 is considered to be patentable based on its dependence on claims 1 and 5. Claim 7 is also considered to be patentable because Barber does not show (or suggest) the feature combination in which the "said received message data comprises a file and an individual cash transaction comprises an electronic funds transfer".

     Amended dependent claim 8 is considered to be patentable based on its dependence on claim 1. Claim 8 is also considered to be patentable because Barber does not show (or suggest) the feature combination in which "said received message data identifies medical insurance reimbursement income amounts for multiple patients, and an individual message data item includes a medical insurance reimbursement income amount value and an associated patient identifier, said patient identifier identifying one of a plurality of patients providing said associated medical reimbursement income amount, said data processor identifies an income account associated with said one of said patients based on said patient identifier, and updates said identified income account to indicate said medical insurance reimbursement income amount value received and creates said financial statement record using said combined cash income total value and data derived from said patient income account". As previously explained, Barber does not contemplate or suggest processing hospital department revenue or creating a "financial statement record" using hospital department "combined cash income total value" together with "medical insurance reimbursement income amount value" derived from a patient "income account" record.

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     Amended independent claim 9 is considered to be patentable for reasons given in connection with claim 1. Claim 9 is also considered to be patentable because Barber does not show (or suggest) "said received message data identifies a plurality of individual cash transactions performed during said first time period and associated with a hospital department, and said first income amount total value comprises a transaction income amount value, and said data processor accumulates a plurality of individual cash transaction income amount values for transactions performed during said first time period for said **hospital department** to provide a cumulative total value for said first time period". As previously explained, Barber does not contemplate or suggest processing hospital department revenue in combination with accumulating a "plurality of individual cash transaction income amount values for transactions performed during said first time period for said **hospital department** to provide a cumulative total value".

     Claim 10-14 are considered to be patentable based on their dependence on claim 1 and any intervening claims for the reasons given in connection with preceding claims.

     Amended independent claim 15 is considered to be patentable for reasons previously given in connection with claims 1, 2, 4 and 8.

     Amended dependent claim 16 is considered to be patentable based on its dependence on claim 15. Claim 16 is also considered to be patentable because Barber does not show (or suggest) the feature combination in which "said received plurality of messages comprise a file, and said individual message is conveyed within said file and said messages include a medical insurance reimbursement income amount value for services rendered to a particular patient and an associated patient identifier, and said data processor, identifies an income account associated with said patient based on said patient identifier, and updates said identified patient income account to reflect said medical insurance reimbursement income amount value received and creates said financial statement record using said combined cash income total value and data derived from said patient income account". As previously explained, Barber does not contemplate or suggest processing hospital department revenue or creating a "financial statement record" using hospital department "combined cash income total value" together with "medical insurance reimbursement income amount value" derived from "said patient income account".

Amended independent claim 17 is considered to be patentable for reasons previously given in connection with claims 1 and 9.

Claim 18-25 are considered to be patentable based on their dependence on claim 17 and any intervening claims for the reasons given in connection with preceding claims.

Amended independent claim 26 is considered to be patentable for reasons previously given in connection with claims 1, 2, 4 and 8.

Claim 27-30 are considered to be patentable based on their dependence on claim 26 and any intervening claims for the reasons given in connection with preceding claims. Consequently withdrawal of the Rejection of claim 1-30 under 35 USC 102(b) is respectfully requested.

In view of the above amendments and remarks, Applicants submit that the Application is in condition for allowance, and favorable reconsideration is requested.

Respectfully submitted,

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